

United States Bankruptcy Court
Northern District of Illinois

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Jones, Robin L.		Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): fka Robin L. Tessmann		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9724		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):					
Street Address of Debtor (No. and Street, City, and State) 1400 Collins Drive Cary, IL		Street Address of Joint Debtor (No. and Street, City, and State)					
		ZIPCODE 60013	ZIPCODE				
County of Residence or of the Principal Place of Business: McHenry		County of Residence or of the Principal Place of Business:					
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):					
		ZIPCODE	ZIPCODE				
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE					
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtors Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other N.A.		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		THIS SPACE IS FOR COURT USE ONLY			
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 59 Name of Debtor(s): Robin L. Jones
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: NONE	Case Number:	Date Filed:
Location Where Filed: N.A.	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: NONE	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts)
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)		I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X <u>/s/ Scott W Brammer</u> Signature of Attorney for Debtor(s) _____ Date _____
Exhibit C		
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
Exhibit D		
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition:		
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue		
(Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property		
(Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr/> (Name of landlord that obtained judgment)		
<hr/> (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).		

B1 (Official Form 1) (04/13)

Voluntary Petition
(This page must be completed and filed in every case)

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Robin L. Jones

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney***X** /s/ Scott W Brammer

Signature of Attorney for Debtor(s)

SCOTT W BRAMMER

Printed Name of Attorney for Debtor(s)

The Law Office of Scott W. Brammer

Firm Name

5447 Bull Valley Road

Address

McHenry, IL 60050**(815) 344-4040**

Telephone Number

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re Robin L. Jones

Debtor(s)

Case No. _____

(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.



1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*



2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: _____ /s/ Robin L. Jones
ROBIN L. JONES

Date: _____

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Robin L. Jones
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Real Estate 1400 Collins Drive Cary, IL 60013	Fee Simple		256,687.00	Exceeds Value
			0.00	None
		Total >	256,687.00	

(Report also on Summary of Schedules.)

In re Robin L. Jones
 Debtor

Case No. _____
 (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash Residence		50.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	Checking Account #748631512 Chase Bank		50.00
3. Security deposits with public utilities, telephone companies, landlords, and others.				
4. Household goods and furnishings, including audio, video, and computer equipment.	X	Television, couch and miscellaneous furniture Residence		1,500.00
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books and pictures Residence		50.00
6. Wearing apparel.		Clothing Residence		500.00
7. Furs and jewelry.	X	Furs and Jewelry Residence		50.00
8. Firearms and sports, photographic, and other hobby equipment.				

In re Robin L. Jones
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement Account #1067-7901 Charles Schwab P O Box 52114 Phoenix, AZ 85072		0.00
		Retirement Account #6220-4073 Charles Schwab P O Box 52114 Phoenix, AZ 85072		0.00
		Retirement Account #9026-2498 Charles Schwab P O Box 52114 Phoenix, AZ 85072		0.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Infinity Day Spa, Inc. 435 Angela Lane Crystal Lake, IL 60014		0.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			

In re Robin L. Jones
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2012 Jeep Wrangler Residence		25,945.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		6 Towel Cabbies 435 Angela Lane Crystal Lake, IL 60014		60.00
		Pedicure Chair and Tech Chair 435 Angela Lane Crystal Lake, IL 60014		100.00
		Manicure Table and Tech Chair 435 Angela Lane Crystal Lake, IL 60014		50.00
		Reception Desk		75.00

In re Robin L. Jones
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		435 Angela Lane Crystal Lake, IL 60014		
		Water Feature Wall 435 Angela Lane Crystal Lake, IL 60014		100.00
		Miscellaneous Linens 435 Angela Lane Crystal Lake, IL 60014		0.00
		Stackable Washer/Dryer 435 Angela Lane Crystal Lake, IL 60014		25.00
		Refrigerator 435 Angela Lane Crystal Lake, IL 60014		25.00
		Dermalogica & OPI products - Expired 435 Angela Lane Crystal Lake, IL 60014		0.00
		6 Small Chairs and Ottomans 435 Angela Lane Crystal Lake, IL 60014		50.00
		2 Sections of Lockers 435 Angela Lane Crystal Lake, IL 60014		50.00
		2 Dell computers, monitors and printers - 7+ years old 435 Angela Lane Crystal Lake, IL 60014		50.00
		Miscellaneous Shelving and Decorations		25.00

In re Robin L. Jones

Debtor

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
<p>29. Machinery, fixtures, equipment, and supplies used in business.</p> <p>30. Inventory.</p> <p>31. Animals.</p> <p>32. Crops - growing or harvested. Give particulars.</p> <p>33. Farming equipment and implements.</p> <p>34. Farm supplies, chemicals, and feed.</p> <p>35. Other personal property of any kind not already listed. Itemize.</p>	<p>N O N E</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>435 Angela Lane Crystal Lake, IL 60014</p> <p>Lobby Bench 435 Angela Lane Crystal Lake, IL 60014</p> <p>6 massage tables 435 Angela Lane Crystal Lake, IL 60014</p>		<p>15.00</p> <p>210.00</p>

0

continuation sheets attached

Total

\$ 28,980.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Robin L. Jones

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. § 522(b)(2)

Check if debtor claims a homestead exemption that exceeds
\$155,675*.

11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Real Estate	736 I.L.C.S 5§12-901	0.00	256,687.00
Cash	735 I.L.C.S 5§12-1001(b)	50.00	50.00
Checking Account #748631512	735 I.L.C.S 5§12-1001(b)	50.00	50.00
Television, couch and miscellaneous furniture	735 I.L.C.S 5§12-1001(b)	1,500.00	1,500.00
Clothing	735 I.L.C.S 5§12-1001(a)	500.00	500.00
Furs and Jewelry	735 I.L.C.S 5§12-1001(b)	50.00	50.00
Books and pictures	735 I.L.C.S 5§12-1001(b)	50.00	50.00
2012 Jeep Wrangler	735 I.L.C.S 5§12-1001(c)	0.00	25,945.00
6 massage tables	735 I.L.C.S 5§12-1001(d)	210.00	210.00
6 Towel Cabbies	735 I.L.C.S 5§12-1001(d)	60.00	60.00
Pedicure Chair and Tech Chair	735 I.L.C.S 5§12-1001(d)	100.00	100.00
Manicure Table and Tech Chair	735 I.L.C.S 5§12-1001(d)	50.00	50.00
Reception Desk	735 I.L.C.S 5§12-1001(d)	75.00	75.00
Water Feature Wall	735 I.L.C.S 5§12-1001(d)	100.00	100.00
Miscellaneous Linens	735 I.L.C.S 5§12-1001(d)	0.00	0.00
Stackable Washer/Dryer	735 I.L.C.S 5§12-1001(d)	25.00	25.00
Refrigerator	735 I.L.C.S 5§12-1001(d)	25.00	25.00

*Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Robin L. Jones
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT
(Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Dermalogica & OPI products - Expired	735 I.L.C.S 5§12-1001(d)	0.00	0.00
6 Small Chairs and Ottomans	735 I.L.C.S 5§12-1001(d)	50.00	50.00
2 Sections of Lockers	735 I.L.C.S 5§12-1001(d)	50.00	50.00
2 Dell computers, monitors and printers - 7+ years old	735 I.L.C.S 5§12-1001(d)	50.00	50.00
Miscellaneous Shelving and Decorations	735 I.L.C.S 5§12-1001(d)	25.00	25.00
Lobby Bench	735 I.L.C.S 5§12-1001(d)	15.00	15.00
Infinity Day Spa, Inc.	735 I.L.C.S 5§12-1001(b)	0.00	0.00

B6D (Official Form 6D) (12/07)

In re Robin L. Jones,
DebtorCase No. _____
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 1058201		Lien: PMSI in vehicle < 910 days Security: 2012 Jeep Wrangler			31,858.88	5,913.88
Chrysler Capital P O Box 660335 Dallas, TX 75266			VALUE \$	25,945.00		
ACCOUNT NO. 9895147717		Lien: 3rd Mortgage and Miscellaneous Security: Business equipment and supplies, residence			240,000.00	0.00
Comerica c/o Simon PLC 1 South Dearborn #2100 Chicago, IL 60603			VALUE \$	256,687.00		
ACCOUNT NO. 882490538		Lien: 1st Mortgage Security: 1400 Collins Drive, Cary, IL 60013			204,740.96	0.00
Green Tree & Associates P O Box 94710 Palatine, IL 60094			VALUE \$	258,687.00		

1 continuation sheets attached

Subtotal (Total of this page)	\$ 476,599.84	\$ 5,913.88
Total (Use only on last page)	\$	\$

(Report also on
Summary of Schedules) (If applicable, report
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Robin L. Jones,
DebtorCase No. _____
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 110150034 Guaranty Bank P O Box 245014 Milwaukee, WI 53224			Lien: 2nd Mortgage Security: 1400 Collins Drive, Cary, IL 60013			75,305.88	34,618.88 This amount based upon existence of Superior Liens
ACCOUNT NO.			VALUE \$ 258,687.00				
ACCOUNT NO.			VALUE \$				
ACCOUNT NO.			VALUE \$				
ACCOUNT NO.			VALUE \$				
ACCOUNT NO.			VALUE \$				

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal (s) >	\$ 75,305.88	\$ 34,618.88
(Total(s) of this page)		
Total(s) >	\$ 551,905.72	\$ 40,532.76
(Use only on last page)		

(Report also on
Summary of Schedules) also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (04/13)

In re Robin L. Jones,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

*Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/13) - Cont.

In re Robin L. Jones
Debtor

Case No. _____
(if known)

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

□ Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Robin L. Jones,
DebtorCase No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 20-8825201			Consideration: Trust Fund Penalty				23,000.00	23,000.00	0.00
Internal Revenue Service 5100 River Road MS 502 Schiller PK, IL 60176									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims			Subtotal (Totals of this page)	➤	\$ 23,000.00	\$ 23,000.00	\$ 0.00		
			Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules	➤	\$ 23,000.00				
			Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)	➤	\$	\$ 23,000.00	\$ 0.00		

B6F (Official Form 6F) (12/07)

In re Robin L. Jones,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 9-90000207529		Consideration: Business Debt			7,870.00
ACCION/MB FINANCIAL 6111 N RIVER RD ROSEMONT, IL 60018					
ACCOUNT NO. 000047535695		Consideration: Medical services			1,290.63
ALEXIAN BROTHERS P O BOX 3495 TOLEDO, OH 43607					
ACCOUNT NO. 6-045781046393525		Consideration: Credit card debt			440.00
AMAZON P O BOX 965015 ORLANDO, FL 32896					
ACCOUNT NO. 349991471816		Consideration: Business debt			11,161.00
AMERICAN EXPRESS P O Box 981537 EL PASO TX 79998					
Subtotal >					\$ 20,761.63
Total >					\$

B6F (Official Form 6F) (12/07) - Cont.

In re Robin L. Jones,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO. 349991576145 AMERICAN EXPRESS P O BOX 981537 EL PASO, TX 79998		Consideration: Business debt			7,803.00
ACCOUNT NO. 4-003448047083456 CAPITAL ONE P O BOX 30281 SALT LAKE CITY, UT 84130		Consideration: Credit card debt			3,456.40
ACCOUNT NO. 4-11507852436253 CAPITAL ONE P O BOX 30281 SALT LK CITY, UT 84130		Consideration: Business debt			741.14
ACCOUNT NO. 366204 CERTIFIED SERVICES 1733 WASHINGTON ST WAUKEGAN, IL 60079		Consideration: Assignee for various creditors			4,783.12
ACCOUNT NO. 8-771100060352265 COMCAST 1585 WAUKEGAN RD WAUKEGAN, IL 60085		Consideration: Utilities			121.00
Sheet no. <u>1</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤		\$ 16,904.66
			Total ➤		\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Robin L. Jones,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO. 2593124024 COMED P O BOX 6111 CAROL STREAM, IL 60197		Consideration: Utilities			385.77
ACCOUNT NO. 5-20101871652 DISCOVER c/o CAPITAL ONE P O BOX 30281 SALT LK CITY, UT 84130		Consideration: Credit card debt			1,687.02
ACCOUNT NO. 75017984 FIRST NATIONAL DIRECT TV 610 WALTHAM WAY SPARKS, NV 89434		Consideration: Utilities			228.00
ACCOUNT NO. 28251 GERMBUSTERS P O BOX 5988 CAROL STREAM, IL 60197		Consideration: Business Expense			76.66
ACCOUNT NO. GROUPON 600 W CHICAGO AVE CHICAGO, IL 60654		Consideration: Business debt			7,000.00
Sheet no. <u>2</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤		\$ 9,377.45
			Total ➤		\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Robin L. Jones,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO. 196516		Consideration: Medical services			231.95
HEALTH FIRST C/O DSG COLLECTION 1824 W GRAND AVE #200 CHICAGO, IL 60642					
ACCOUNT NO. 1390881		Consideration: Medical services			181.00
HEALTH FIRST C/O DSG COLLECTION 1824 W GRAND AVE #200 CHICAGO, IL 60642					
ACCOUNT NO. 1364698		Consideration: Medical services			293.00
HEALTH FIRST C/O DSG COLLECTION 1824 W GRAND AVE #200 CHICAGO IL 60642					
ACCOUNT NO. J B BROWN 175 Hawthorne Pkwy Vernon Hills, IL 60061		Consideration: Business debt			800.00
ACCOUNT NO. 0-737779702 02		Consideration: Credit card debt			294.00
KOHL'S P O BOX 3115 MILWAUKEE, WI 53201					
Sheet no. <u>3</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤		\$ 1,799.95
			Total ➤		\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Robin L. Jones,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO. 159620 MBB P O BOX 1219 PK RIDGE, IL 60068		Consideration: Medical services			310.11
ACCOUNT NO. 3-90040100001 MEDICAL BUSINESS EMERGENCY PHYSICIANS 1460 RENAISSANCE #400 PK RIDGE, IL 60068		Consideration: Medical services			50.00
ACCOUNT NO. 1-4160964-286241 MEDICAL BUSINESS MEDICAL ANESTHESIA 1460 RENAISSANCE #400 PK RIDGE, IL 60068		Consideration: Medical services			65.50
ACCOUNT NO. 612801134 MEDICAL BUSINESS MEDICAL ANESTHESIA 1460 RENAISSANCE #400 PK RIDGE, IL 60068		Consideration: Medical services			174.59
ACCOUNT NO. 1-1940398 MIRAMED RG WALGREENS INFUSION CENTER 991 OAK CREEK DR LOMBARD, IL 60148		Consideration: Medical services			717.94
Sheet no. <u>4</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤		\$ 1,318.14
			Total ➤		\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Robin L. Jones,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO. 1-1940399		Consideration: Medical services			180.00
MIRAMED RG WALGREENS INFUSION CENTER 991 OAK CREEK DR LOMBARD, IL 60148					
ACCOUNT NO. 46-21-17-25984		Consideration: Utilities			301.03
NICOR GAS P O BOX 2020 AURORA, IL 60507					
ACCOUNT NO. Unknown		Consideration: Medical services			29.94
NORTHWESTERN MEDICAL 258155 NETWORK PL CHICAGO, IL 60673					
ACCOUNT NO. 60-44071041183977		Consideration: Credit card debt			364.89
PAY PAL P O BOX 960080 ORLANDO, FL 32896					
ACCOUNT NO. 3-90040100001		Consideration: Medical services			50.00
PRO MD CEP AMERICA P O BOX 10166 PEORIA, IL 60612					
Sheet no. <u>5</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤	\$ 925.86	
			Total ➤	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Robin L. Jones,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO. 66164062002 RUSH 1653 W CONGRESS CHICAGO, IL 60612		Consideration: Business Expense			76.35
ACCOUNT NO. SCOTT LYNGAAS 9 CRYSTAL LK RD LAKE IN THE HILLS, IL 60012		Consideration: Personal loan			50,000.00
ACCOUNT NO. 9-5888077 STAINISCONTR 914 14TH ST #480 MODESTO, CA 95353		Consideration: Collection Agency - Debt unknown			117.00
ACCOUNT NO. 9-7065389 STAINISCONTR 914 14TH ST #480 MODESTO, CA 95353		Consideration: Collection Agency - Debt unknown			40.00
ACCOUNT NO. 908513846 STAINISCONTR 914 14TH ST #480 MODESTO, CA 95353		Consideration: Collection Agency - Debt unknown			32.69
Sheet no. <u>6</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤		\$ 50,266.04
			Total ➤		\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Robin L. Jones,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO. 908484995 STAINISCONTR 914 14TH ST #480 MODESTO, CA 95353		Consideration: Collection Agency - Debt unknown			239.00
ACCOUNT NO. 907198455 STAINISCONTR 914 14TH ST #480 MODESTO, CA 95353		Consideration: Collection Agency - Debt unknown			117.00
ACCOUNT NO. 521568 SYSCO 1702 TELMHURST DR HOUSTON, TX 77043		Consideration: Business debt			555.34
ACCOUNT NO. 9-90000207529 WEST SUBURBAN REAL ESTATE Madsen, Sugden & Gottemoller 1A North Virginia Crystal Lake, IL 60014		Consideration: Forcible Entry & Detainer			7,870.00
ACCOUNT NO. 15 SC 124 ZANCK COEN WRIGHT & SALADIN 40 BRINK ST CRYSTAL LK IL 60014		Consideration: Business Debt - Legal services			7,222.50
Sheet no. <u>7</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤		\$ 16,003.84
			Total ➤		\$ 117,357.57

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Robin L. Jones

Case No. _____

Debtor

(if known) _____

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Robin L. Jones

Debtor

Case No.

(if known)

SCHEDELE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
INFINITY DAY SPA, INC. 435 Angela Lane Crystal Lake, IL 60014	All business-related debt

Fill in this information to identify your case:

Debtor 1 **Robin L. Jones**
 First Name Middle Name Last Name
 Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: **Northern** District of **IL**
 Case number
 (If known)

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form B 6l

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	None	
Employer's name	<input type="text"/>	
Employer's address	<input type="text"/> Number <input type="text"/> Street <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="text"/> Number <input type="text"/> Street <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	
	<input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	
How long employed there?	<input type="text"/>	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1	For Debtor 2 or non-filing spouse
2. <input type="text"/> \$ <input type="text"/> 0.00	<input type="text"/> \$ <input type="text"/> N.A.
3. <input type="text"/> + <input type="text"/> \$ <input type="text"/> 0.00	<input type="text"/> + <input type="text"/> \$ <input type="text"/> N.A.
4. <input type="text"/> \$ <input type="text"/> 0.00	<input type="text"/> \$ <input type="text"/> N.A.

Robin L. Jones

Debtor 1

First Name Middle Name Last Name

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....	→ 4. \$ 0.00	\$ N.A.
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N.A.
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N.A.
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N.A.
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N.A.
5e. Insurance	5e. \$ 0.00	\$ N.A.
5f. Domestic support obligations	5f. \$ 0.00	\$ N.A.
5g. Union dues	5g. \$ 0.00	\$ N.A.
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ N.A.
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ N.A.
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N.A.
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ 0.00	\$ N.A.
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ 0.00	\$ N.A.
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N.A.
8d. Unemployment compensation	8d. \$ 1,096.33	\$ N.A.
8e. Social Security	8e. \$ 0.00	\$ N.A.
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	\$ 0.00	\$ N.A.
Specify: _____	8f. + \$ 0.00	+ \$ N.A.
8g. Pension or retirement income	8g. \$ 0.00	\$ N.A.
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ N.A.
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1,096.33	\$ N.A.
10. Calculate monthly income. Add line 7 + line 9.		
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,096.33	+ \$ N.A. = \$ 1,096.33
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ 0.00	\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		
Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 1,096.33	\$ 1,096.33
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Robin L. Jones	
	First Name	Middle Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the:	Northern	District of IL
Case number (if known)		

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No
 Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses	
4.	\$ 0.00
4a.	\$ 0.00
4b.	\$ 0.00
4c.	\$ 0.00
4d.	\$ 0.00

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Debtor 1 **Robin L. Jones**
 First Name Middle Name Last Name

Case number (if known) _____

5. Additional mortgage payments for your residence, such as home equity loans

Your expenses	
5.	\$ 0.00

6. Utilities:

6a. Electricity, heat, natural gas
 6b. Water, sewer, garbage collection
 6c. Telephone, cell phone, Internet, satellite, and cable services
 6d. Other. Specify: _____

6a.	\$ 0.00
6b.	\$ 0.00
6c.	\$ 140.00
6d.	\$ 0.00

7. Food and housekeeping supplies

7.	\$ 0.00
----	---------

8. Childcare and children's education costs

8.	\$ 0.00
----	---------

9. Clothing, laundry, and dry cleaning

9.	\$ 0.00
----	---------

10. Personal care products and services

10.	\$ 0.00
-----	---------

11. Medical and dental expenses

11.	\$ 0.00
-----	---------

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12.	\$ 0.00
-----	---------

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13.	\$ 0.00
-----	---------

14. Charitable contributions and religious donations

14.	\$ 0.00
-----	---------

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a.	\$ 70.00
15b.	\$ 335.00
15c.	\$ 66.00
15d.	\$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16.	\$ 0.00
-----	---------

17. Installment or lease payments:

17a. Car payments for Vehicle 1
 17b. Car payments for Vehicle 2
 17c. Other. Specify: _____
 17d. Other. Specify: _____

17a.	\$ 428.00
17b.	\$ 0.00
17c.	\$ 0.00
17d.	\$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).

18.	\$ 0.00
-----	---------

19. Other payments you make to support others who do not live with you.

Specify: _____

19.	\$ 0.00
-----	---------

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property
 20b. Real estate taxes
 20c. Property, homeowner's, or renter's insurance
 20d. Maintenance, repair, and upkeep expenses
 20e. Homeowner's association or condominium dues

20a.	\$ 0.00
20b.	\$ 0.00
20c.	\$ 0.00
20d.	\$ 0.00
20e.	\$ 0.00

Debtor 1 **Robin L. Jones**
First Name Middle Name Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. +\$ _____ 0.00

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. \$ _____ 1,039.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ _____ 1,096.33

23b. Copy your monthly expenses from line 22 above.

23b. -\$ _____ 1,039.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ _____ 57.33

The result is your *monthly net income*.

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
Northern District of Illinois

Robin L. Jones

In re

Case No.

Debtor

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 256,687.00		
B - Personal Property	YES	5	\$ 28,980.00		
C - Property Claimed as exempt	YES	2			
D - Creditors Holding Secured Claims	YES	2		\$ 551,905.72	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	3		\$ 23,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	8		\$ 117,357.57	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 1,096.33
J - Current Expenditures of Individual Debtors(s)	YES	3			\$ 1,039.00
TOTAL		28	\$ 285,667.00	\$ 692,263.29	

United States Bankruptcy Court
Northern District of IllinoisIn re Robin L. Jones
DebtorCase No. _____
Chapter 7**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 23,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 23,000.00

State the Following:

Average Income (from Schedule I, Line 12)	\$ 1,096.33
Average Expenses (from Schedule J, Line 22)	\$ 1,039.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 0.00

State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 40,532.76
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 23,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 117,357.57
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 157,890.33

B6 (Official Form 6 - Declaration) (12/07)

Robin L. Jones

In re _____

Debtor

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: /s/ Robin L. Jones
Debtor

Date _____

Signature: Not Applicable
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address _____

X _____
Signature of Bankruptcy Petition Preparer

Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In Re Robin L. JonesCase No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

		AMOUNT	SOURCE
None	<input type="checkbox"/>		
2015	13,053.00	Employment - 10,776.00; unemployment benefits - \$2277.00	FY: 01/01/15 to 05/08/15
2014	63,799.59	Employment (W2 - \$8000; 1099 - \$59,799.59)	FY: 01/01/14 to 12/31/14
2013	44,620.00	Employment	FY: 01/01/13 to 12/31/13

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
---	-------------------	-------------	--------------------

None



c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
--	----------------------	-------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Zanck Coen Wright & Saladan v. Jones 15 SC 124	Small Claims	22nd Judicial Circuit McHenry County, Illinois	Pending
Comerica v. Infinity Day Spa and Robin Jones 15 LA 05	Collections	22nd Judicial Circuit McHenry County, Illinois	Next court date 06/02/15
West Suburban Real Estate v. Infinity Day Spa and Robin Jones 14 LM 590	Forcible	22nd Judicial Circuit McHenry County, Illinois	Judgment entered - \$7850

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	--------------------------------------

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	---	--------------------------------------

6. Assignments and Receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	---	-----------------

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Scott W Brammer The Law Office of Scott W. Brammer 5447 Bull Valley Road McHenry, IL 60050	03/23/2015	\$1800.00 Attorney's fees
CCCSNI, INC. Woodstock, IL 60098	05/01/15	\$75.00
Clerk of Bankruptcy Court Rockford, Illinois	06/01/2015	\$335.00 Filing Fee

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None



NAME OF TRUST OR OTHER DEVICE

DATE(S) OF
TRANSFER(S)AMOUNT OF MONEY OR
DESCRIPTION AND
VALUE OF PROPERTY OR
DEBTOR'S INTEREST IN PROPERTY**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------------	--	--

HOME STATE BANK CRYSTAL LAKE, IL 60014	Checking Acct. #10487601 Closing Balance: \$.00	August, 2014
--	--	--------------

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	----------------------------	---

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-ID. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
------	---------

[Questions 19 - 25 are not applicable to this case]

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date _____ Signature _____ /s/ Robin L. Jones
of Debtor ROBIN L. JONES

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

Robin L. Jones

In re _____, Case No. _____
Debtor Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: Green Tree & Associates P O Box 94710 Palatine, IL 60094	Describe Property Securing Debt: Real Estate
Property will be (<i>check one</i>): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).	
Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2 (<i>if necessary</i>)	
Creditor's Name: Guaranty Bank P O Box 245014 Milwaukee, WI 53224	Describe Property Securing Debt: Real Estate
Property will be (<i>check one</i>): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).	
Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)

Property No. 1 NO Leased Property		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 3 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		<input type="checkbox"/> YES <input type="checkbox"/> NO

1 continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my Estate securing debt and/or personal property subject to an unexpired lease.

Date: _____

/s/ Robin L. Jones

Signature of Debtor

Signature of Joint Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION
(Continuation Sheet)

PART A - Continuation

Property No: 3	
Creditor's Name: Comerica C/O Simon, PLC 1 South Deerborn #2100 Chicago, IL 60603	Describe Property Securing Debt: Real Estate
Property will be <i>(check one)</i> :	
<input checked="" type="checkbox"/> Surrendered	<input type="checkbox"/> Retained
If retaining the property, I intend to <i>(check at least one)</i> :	
<input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C.§522(f)).	
Property is <i>(check one)</i> :	
<input type="checkbox"/> Claimed as exempt	<input checked="" type="checkbox"/> Not claimed as exempt

Property No: 4	
Creditor's Name: Chrysler Capital P O Box 660335 Dallas, TX 75266	Describe Property Securing Debt: 2012 Jeep Wrangler
Property will be <i>(check one)</i> :	
<input type="checkbox"/> Surrendered	<input checked="" type="checkbox"/> Retained
If retaining the property, I intend to <i>(check at least one)</i> :	
<input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C.§522(f)).	
Property is <i>(check one)</i> :	
<input checked="" type="checkbox"/> Claimed as exempt	<input type="checkbox"/> Not claimed as exempt

**United States Bankruptcy Court
Northern District of Illinois**

In re Robin L. Jones

Debtor

Case No.

(If known)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code

Printed name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer or officer, Principal, responsible person, or partner whose Social Security number is provided above.

Certification of the Debtor

I, (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Robin L. Jones

Printed Names(s) of Debtor(s)

X /s/ Robin L. Jones

Signature of Debtor

Date

Case No. (if known)

Y

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

ACCION/MB FINANCIAL
6111 N RIVER RD
ROSEMONT, IL 60018

ALEXIAN BROTHERS
P O BOX 3495
TOLEDO, OH 43607

AMAZON
P O BOX 965015
ORLANDO, FL 32896

AMERICAN EXPRESS
P O Box 981537
EL PASO TX 79998

AMERICAN EXPRESS
P O BOX 981537
EL PASO, TX 79998

CAPITAL ONE
P O BOX 30281
SALT LAKE CITY, UT 84130

CAPITAL ONE
P O BOX 30281
SALT LK CITY, UT 84130

CERTIFIED SERVICES
1733 WASHINGTON ST
WAUKEGAN, IL 60079

Chrysler Capital
P O Box 660335
Dallas, TX 75266

COMCAST
1585 WAUKEGAN RD
WAUKEGAN, IL 60085

COMED
P O BOX 6111
CAROL STREAM, IL 60197

Comerica
c/o Simon PLC
1 South Dearborn #2100
Chicago, IL 60603

DISCOVER
c/o CAPITAL ONE
P O BOX 30281
SALT LK CITY, UT 84130

FIRST NATIONAL DIRECT TV
610 WALTHAM WAY
SPARKS, NV 89434

GERMBUSTERS
P O BOX 5988
CAROL STREAM, IL 60197

Green Tree & Associates
P O Box 94710
Palatine, IL 60094

GROUPON
600 W CHICAGO AVE
CHICAGO, IL 60654

Guaranty Bank
P O Box 245014
Milwaukee, WI 53224

HEALTH FIRST
C/O DSG COLLECTION
1824 W GRAND AVE #200
CHICAGO, IL 60642

HEALTH FIRST
C/O DSG COLLECTION
1824 W GRAND AVE #200
CHICAGO, IL 60642

HEALTH FIRST
C/O DSG COLLECTION
1824 W GRAND AVE #200
CHICAGO IL 60642

INFINITY DAY SPA, INC.
435 Angela Lane
Crystal Lake, IL 60014

Internal Revenue Service
5100 River Road
MS 502
Schiller PK, IL 60176

J B BROWN
175 Hawthorne Pkwy
Vernon Hills, IL 60061

KOHLS
P O BOX 3115
MILWAUKEE, WI 53201

MBB
P O BOX 1219
PK RIDGE, IL 60068

MEDICAL BUSINESS
EMERGENCY PHYSICIANS
1460 RENAISSANCE #400
PK RIDGE, IL 60068

MEDICAL BUSINESS
MEDICAL ANESTHESIA
1460 RENAISSANCE #400
PK RIDGE, IL 60068

MEDICAL BUSINESS
MEDICAL ANESTHESIA
1460 RENAISSANCE #400
PK RIDGE, IL 60068

MIRAMED RG
WALGREENS INFUSION CENTER
991 OAK CREEK DR
LOMBARD, IL 60148

MIRAMED RG
WALGREENS INFUSION CENTER
991 OAK CREEK DR
LOMBARD, IL 60148

NICOR GAS
P O BOX 2020
AURORA, IL 60507

NORTHWESTERN MEDICAL
258155 NETWORK PL
CHICAGO, IL 60673

PAY PAL
P O BOX 960080
ORLANDO, FL 32896

PRO MD CEP AMERICA
P O BOX 10166
PEORIA, IL 60612

RUSH
1653 W CONGRESS
CHICAGO, IL 60612

SCOTT LYNGAAS
9 CRYSTAL LK RD
LAKE IN THE HILLS, IL 60012

STAINISCONTR
914 14TH ST #480
MODESTO, CA 95353

SYSCO
1702 TELMHURST DR
HOUSTON, TX 77043

WEST SUBURBAN REAL ESTATE
Madsen, Sugden & Gottemoller
1A North Virginia
Crystal Lake, IL 60014

ZANCK COEN WRIGHT & SALADIN
40 BRINK ST
CRYSTAL LK IL 60014

United States Bankruptcy Court
Northern District of Illinois

In re Robin L. Jones

Case No. _____

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 1,800.00

Prior to the filing of this statement I have received \$ 1,800.00

Balance Due \$ 0.00

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

/s/ Scott W Brammer

Date

Signature of Attorney

The Law Office of Scott W. Brammer

Name of law firm

Fill in this information to identify your case:		
Debtor 1	Robin L. Jones	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the:	Northern	District of IL (State)
Case number (If known)		

Check one box only as directed in this form and in Form 22A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 22A—1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) \$ 0.00 Ordinary and necessary operating expenses - \$ 0.00 Net monthly income from a business, profession, or farm \$ 0.00 Copy here	\$ 0.00	\$ 0.00
6. Net income from rental and other real property Gross receipts (before all deductions) \$ 0.00 Ordinary and necessary operating expenses - \$ 0.00 Net monthly income from rental or other real property \$ 0.00 Copy here	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1 Robin L. Jones
 First Name Middle Name Last Name

Case number (if known) _____

Column A
 Debtor 1

Column B
 Debtor 2 or
 non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you \$ 1,096.33
 For your spouse \$ 0.00

\$ 0.00 \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00 \$ 0.00

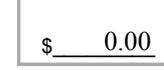
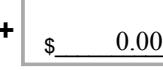
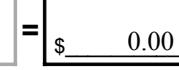
10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. _____
 10b. _____
 10c. Total amounts from separate pages, if any.

\$ 0.00 \$ 0.00
 \$ 0.00 \$ 0.00
 +\$ 0.00 +\$ 0.00

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

 +  = 

Total current monthly income

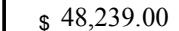
Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11  12a. \$ 0.00
 Multiply by 12 (the number of months in a year).
 12b. The result is your annual income for this part of the form. 12b. \$ 0.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. 
 Fill in the number of people in your household. 

Fill in the median family income for your state and size of household. 13. 

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

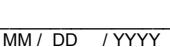
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3.
 14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2*. Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

 /s/ Robin L. Jones

Signature of Debtor 1

Date 



Signature of Debtor 2

Date 

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

Debtor 1 Robin L. Jones
First Name Middle Name Last Name

Case Number (if known) _____

Form 22 Continuation Sheet**Monthly Income****Month 1**

Gross wages, salary, tips...	0.00	0.00
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

Month 2

Gross wages, salary, tips...	0.00	0.00
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

Month 3

Gross wages, salary, tips...	0.00	0.00
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

Month 4

Gross wages, salary, tips...	0.00	0.00
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

Month 5

Gross wages, salary, tips...	0.00	0.00
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

Month 6

Gross wages, salary, tips...	0.00	0.00
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

Additional Items as Designated, if any**Remarks**